AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC []CLEC []ILEC []IMFERITED [] Wireless 228300

		CERTIFICATED CO	MPAN	Y INFORMATION	7000		
Asso	ociation Administrators, li	nc					
Com	ipany Name			·			
				(631) 724-9600			
Dba/	/fka			Telephone #			
<u>180</u>	East Main Street				À		
Mail	ling Address				γ_{λ}		
<u>Smit</u>	htown, NY 11787				4		
City,	State, Zip Code				· Es		
	East Main Street						
Busi	ness Location				6 7		
	htown, NY 11787						
City,	State, Zip Code			County	۲.		
		REGISTERED AG	FNT	NEORMATION			
D = =:	nhanad Assaula Nation (D						
Regis	stered Agent: National R	egistered Agents, Inc					
Mailir	ng Address: 2 Office Par	k Court #103					
IVIGIIII	ng /tdd1033. Z Office i all	K Court, #100					
City,	State, Zip Code: Colum	oia, SC 29223					
	Pursuant to the Commis	sion's rules and regulations	print	or type company contact fo	r the following areas:		
Α.	Kevin Klepper(Included Control of the Control o	de address if different than above.	`				
	631-724-9600		,	Manage One de la compa			
	Telephone Number	/ 631-724-7916 Facsimile Number		klepper@nadoctors.net E-mail Address			
	·			E man ridaroos			
3.	Lisa Price Customer Relations ICo	mplaints Representative (Includ	e addr	ose if different than above)			
	631-724-9600		e auui	•			
	Telephone Number	/ 631-724-7916 Facsimile Number		klepper@nadoctors.net E-mail Address			
	•			E mail / ladi ood			
C1.	Lisa Price Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)						
	631-724-9600		arateu ,	•	if different than above.)		
	Telephone Number	/ 631-724-7916 Facsimile Number		klepper@nadoctors.net E-mail Address			
C2.	(800) 237-0270	· accimine riamisei		E mail / todicos			
<i>72.</i>	Customer Contact (Toll I	ree Number)					
) .	Kevin Klepper	,					
,.		(Include address if different than	above.)			
	631-724-9600	/ 631-724-7916	1	klepper@nadoctors.net			
	Telephone Number	Facsimile Number		E-mail Address			
	Kevin Klepper						
		address if different than above.)	-				
	631-724-9600	/ 631-724-7916	1	klepper@nadoctors.net			
	Telephone Number	Facsimile Number		F-mail Address			

F.	Lisa Price						
	631-724-9600	/ 624 724 7040					
	Telephone Number	/ 631-724-7916 Facsimile Number		klepper@nadoctors.net			
	relephone (vallibe)	racsimile number		E-mail Address			
<u>In add</u>	dition, please provide the fo	llowing company contact infor	matio	n to assist in proper routing of corres	ondence and invoices		
G.	Kevin Klepper						
	Regulatory Officer (In	clude address if different than at	oove.)				
	631-724-9600	/ 631-724-7916	1	klepper@nadoctors.net			
	Telephone Number	Facsimile Number		E-mail Address			
H.	Kevin Klepper	me)					
	180 East Main Street, #200, Smithtown, NY 11787						
	Mailing Address	o, Simultown, NY 11767					
	631-724-9600	/ 631-724-7916	1	klepper@nadoctors.net			
	Telephone Number	Facsimile Number	<u>'</u> .	E-mail Address			
I.	Kevin Klepper			a,a			
1.	Interim LEC Fund Mailings (Name)						
	180 East Main Street, #200, Smithtown, NY 11787						
	Mailing Address	J, Smithtown, NY 11787					
	631-724-9600	/ 631-724-7916	,	No. o L			
	Telephone Number	Facsimile Number		klepper@nadoctors.net E-mail Address			
J.	·	r dosimile ramber		E-mail Address			
J.	Kevin Klepper	Acilings (Nome)					
	Universal Service Fund Mailings (Name)						
	180 East Main Street, #200), Smithtown, NY 11787					
	Mailing Address 631-724-9600						
	Telephone Number	/ 631-724-7916 Facsimile Number		klepper@nadoctors.net			
14	·	racsimile Number		E-mail Address			
K.	Kevin Klepper						
	Gross Receipts Mailings (Name)						
	180 East Main Street, #200	, Smithtown, NY 11787					
	Mailing Address						
	631-724-9600	/ 631-724-7916		klepper@nadoctors.net			
	Telephone Number	Facsimile Number		E-mail Address			
L.	Kevin Klepper						
	Lifeline Mailings (Name)						
	180 East Main Street, #200, Smithtown, NY 11787						
	Mailing Address						
	631-724-9600	/ 631-724-7916		klepper@nadoctors.net			
	Telephone Number	Facsimile Number		E-mail Address			
	Kevin Klepper						
	This form was completed by	(print name)		Signature			
	President			ŭ			
	Title			February 23, 2011			
	Titte	7		Date			
	RETURN COMPLETED FORM TO:						
	Public Service (Commission of SC		Office of Regulatory Staff			
	Clerk's Office			Attn: Jeanne Gordon			
	Post Office Dra			1401 Main Street, Suite 900			
	Columbia, Sout	h Carolina 29211		Columbia, South Carolina 29201	(Rev. PSC 11/2010)		